

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/993,292 FILING DATE 11.23.01
APPLICANT(S)

1. 1504 10050 CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1	0	1	
2				1		1
3			1			1
4	1		1			
5			1			1
6	1		1			
7	1		1			1
8	1					
9	1					
10	1					
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17	1		1			
18	1		1			
19	1		1			
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TOTAL IND.	3		1		4	
TOTAL DEP.	17	→	6	→	7	→
TOTAL CLAIMS	20	↓	7	↓	11	↓

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS